

# FITNESS AND SPORTS CUSTOMER SATISFACTION SURVEY

## DIRECTIONS:

Fill in the oval for each Physical Fitness Service attribute that best reflects your opinion on the **IMPORTANCE** of that attribute and how well the installation **PERFORMS** on that attribute.

For example, if you think an attribute is "Most Important", fill in the oval in column 5. If an attribute is "Not Important", fill in the oval in column 1. Follow the same scheme for rating **PERFORMANCE** of the attributes.

Respond to all attributes for which you have an **OPINION**. If you have no opinion about an attribute, leave the ovals blank. **THANK YOU FOR YOUR HELP.**

How **IMPORTANT** to you is this Physical and Sports Services attribute?

How well do you feel your installation **PERFORMS** in this Physical and Sports Services attribute?

Not Very Important      Somewhat Important  
Not At All Important      Very Important  
Don't Know      Most Important  
↓      ↓      ↓      ↓      ↓  
0      1      2      3      4      5

Average      Not Very Good  
Very Good      Poor  
Outstanding      Don't Know  
↓      ↓      ↓      ↓      ↓  
5      4      3      2      1      0

### I. OVERALL SATISFACTION

○ ○ ○ ○ ○ ○ ○      1. Satisfaction with overall program      ○ ○ ○ ○ ○ ○ ○

### II. STAFF

○ ○ ○ ○ ○ ○ ○      2. Staff is responsive      ○ ○ ○ ○ ○ ○ ○  
○ ○ ○ ○ ○ ○ ○      3. Staff is courteous      ○ ○ ○ ○ ○ ○ ○  
○ ○ ○ ○ ○ ○ ○      4. Staff is knowledgeable about fitness and sports      ○ ○ ○ ○ ○ ○ ○  
○ ○ ○ ○ ○ ○ ○      5. Staff is available to instruct on proper use of equipment/exercise techniques      ○ ○ ○ ○ ○ ○ ○

### III. FACILITY/BUILDING/FIELDS

○ ○ ○ ○ ○ ○ ○      6. Facilities are attractive, clean, and well-maintained      ○ ○ ○ ○ ○ ○ ○  
○ ○ ○ ○ ○ ○ ○      7. Facility is maintained to instill safety      ○ ○ ○ ○ ○ ○ ○  
○ ○ ○ ○ ○ ○ ○      8. Facility is maintained to encourage participation in activities (temperature/humidity/ventilation)      ○ ○ ○ ○ ○ ○ ○  
○ ○ ○ ○ ○ ○ ○      9. Availability of outdoor sports fields is adequate to meet my needs      ○ ○ ○ ○ ○ ○ ○

### IV. PROGRAMS/ACTIVITIES MEET YOUR NEEDS/EXPECTATIONS

○ ○ ○ ○ ○ ○ ○      10. Instructional Programs (aerobics, martial arts, walking, yoga)      ○ ○ ○ ○ ○ ○ ○  
○ ○ ○ ○ ○ ○ ○      11. Individual Sports Programs (boxing, golf, racquetball, tennis)      ○ ○ ○ ○ ○ ○ ○  
○ ○ ○ ○ ○ ○ ○      12. Intramural Team Sports (basketball, flag football, soccer, etc.)      ○ ○ ○ ○ ○ ○ ○  
○ ○ ○ ○ ○ ○ ○      13. Special Events (wellness fairs, fun days, multi-event competitions)      ○ ○ ○ ○ ○ ○ ○  
○ ○ ○ ○ ○ ○ ○      14. Aquatics (lap swimming, water aerobics)      ○ ○ ○ ○ ○ ○ ○

### V. EQUIPMENT

○ ○ ○ ○ ○ ○ ○      15. Sufficient variety of state-of-the-art equipment      ○ ○ ○ ○ ○ ○ ○

**How IMPORTANT to you is this Physical and Sports Services attribute?**

**How well do you feel your installation PERFORMS in this Physical and Sports Services attribute?**

Not Very Important    Somewhat Important  
Not At All Important    Very Important  
Don't Know    Most Important  
↓    ↓    ↓    ↓    ↓  
0    1    2    3    4    5

Average    Not Very Good  
Very Good    Poor  
Outstanding    Don't Know  
↓    ↓    ↓    ↓    ↓  
5    4    3    2    1    0

**EQUIPMENT (continued)**

<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<b>16. Equipment is clean</b>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<b>17. Equipment is well-maintained</b>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<b>18. Wait to use equipment is usually less than 10 minutes</b>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<b>19. Equipment variety supports a full range of fitness activities</b>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

**VI. OPERATIONS**

<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<b>20. Hours of operation are responsive to my schedule</b>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<b>21. Scheduling of fitness classes meets my needs</b>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<b>22. Scheduling of sports activities meets my needs</b>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

**DEMOGRAPHIC QUESTIONS**

<b>Gender:</b>	<b>Status:</b>	<b>I currently live:</b>	<b>Time at installation:</b>	<b>Monthly Use of Program:</b>
<input type="radio"/> Female	<input type="radio"/> Active Duty	<input type="radio"/> On-Post	<input type="radio"/> Less than 1 year	<input type="checkbox"/> 4 or more times
<input type="radio"/> Male	<input type="radio"/> Family Member	<input type="radio"/> Off-Post	<input type="radio"/> 1-3 years	<input type="checkbox"/> 1-3 times
	<input type="radio"/> Civilian		<input type="radio"/> More than 3 years	<input type="checkbox"/> None
	<input type="radio"/> Retired			

**Please list the fitness activities that are most important to you:**

**Please list the sports activities that are most important to you:**

**Please list services, activities, facilities not currently available on post that are needed to help you meet your fitness and sports needs:**

**What aspects of fitness and sports activities and facilities need the most improvement:**

***Thank you for your time and effort completing this survey!***